



ICSEW

INTERAGENCY COMMITTEE OF
STATE EMPLOYED WOMEN

"To Identify and advocate for issues faced by state employed women"

ICSEW Meeting Proxy Form

I, _____, will be unable to attend the _____
(ICSEW Member Name) (Date)

ICSEW General Membership meeting. My alternate is _____
(Alternate's Name)

My alternate has the authority to vote in my name. Yes No

(Signature)

(Date)

Wendy Bennett
P.O. Box 40021
Olympia WA 98504-0021
Phone: 360-902-0359
Fax: 360-753-0646